

RECEIVED
CENTRAL FAX CENTER
APR 20 2009

FAX TRANSMISSION**DATE:** April 20, 2009**PTO IDENTIFIER:** Application Number 10/727,195
Patent Number**Inventor:** Pepicelli et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** ROPES & GRAY LLP

Melissa S. Rones, J.D., Ph.D.

PHONE: (617) 951-7653**Attorney Dkt. #:** HUIP-P02-032**PAGES (Including Cover Sheet):** 7**CONTENTS:** Amendment Transmittal (1 page)
Response to Notice of Non-Compliant Amendment (5 pages)

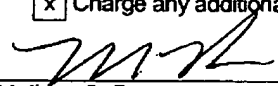
If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 951-7653 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

ROPES & GRAY LLP

One International Place, Boston, Massachusetts 02110
Telephone: (617) 951-7000 Facsimile: (617) 951-7050

RECEIVED
CENTRAL FAX CENTER
APR 20 2009

AMENDMENT TRANSMITTAL LETTER				Docket No. HUIP-P02-032	
Application No. 10/727,195	Filing Date December 3, 2003	Examiner Z. C. Howard	Art Unit 1646		
Applicant(s): Pepicelli et al.					
Invention: REGULATION OF LUNG TISSUE BY PATCHED THERAPEUTICS AND FORMULATIONS AND USES RELATED THERETO					
TO THE COMMISSIONER FOR PATENTS Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	12	- 26 =	0	x 52.00	0.00
Independent Claims	3	- 3 =	0	x 220.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>18-1945</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 _____ Melissa S. Rones, J.D., Ph.D. Attorney/Agent Reg. No.: 54,408 ROPES & GRAY LLP One International Place Boston, Massachusetts 02110 (617) 951-7653				Dated: <u>April 20, 2009</u>	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.					
Dated: <u>4/20/09</u>		Signature: <u>[Signature]</u> (Ginny Blundell)			

11828176_1.DOC